

CALIFORNIA STATE EMPLOYEES CHARITABLE CAMPAIGN**2006 AFFILIATE APPLICATION**

The following items **MUST BE RETURNED** to your United Way Coordinator in order for your organization to be considered for participation in the 2006 Campaign.

(Please **do not** send your application to the Victim Compensation and Government Claims Board.)

- ☐ 1. A completed application, **include an original signature**. Please print or type all information.
- ☐ 2. A **copy of your 501(c)(3) documentation**, including a letter from the IRS or other state issued documentation authorizing any legal name change.
- ☐ 3. **Return completed form** to your Principal Combined Fund Drive Federation

Please Note:

- Facsimile applications will **not** be accepted.
- Any blank areas may result in the application being returned for incompleteness. If an item does not apply to your organization, please write "n/a" on the blank.
- Please do not send additional information with your application, i.e. organization brochures, financial statements, etc.

California Government Code section 13923 and Title 2, California Code of Regulations, section 633.9, govern the solicitation of State officers and employees for charitable purposes and allow for payroll deductions related to the solicitation. State officers and employees may be solicited only by a Victim Compensation and Government Claims Board (VCGCB) approved Principal Combined Fund Drive (PCFD).

PLEASE PRINT OR TYPE ALL INFORMATION

A. LEGAL NAME (Name must appear exactly as recognized by the I.R.S. on the 501(c)(3) tax-exempt form.)

B. OTHER NAME ☐ D.B.A ☐ A.K.A. ☐ Program name

C. PHYSICAL ADDRESS

- ☐ Please use for mailing/brochure
- ☐ Please do not use for mailing
- ☐ Please do not release

Street

City, State Zip Code

D. P.O. BOX

- ☐ Please use for mailing/brochure
- ☐ Please do not use for mailing
- ☐ Please do not release

P.O. Box

City, State, Zip Code

E. CONTACT INFORMATION (The person who will be the **primary** CSECC contact. This information will be posted in the brochure and website.)

Name: _____ Title: _____

Telephone number: _____ Fax number: _____

Email address: _____ Web address: _____

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F. DESCRIPTION OF ACTIVITIES**New Applicants:**

Please provide a statement, no longer than 25 words in length¹, describing your organization's activities. DO NOT include the name of your organization in your statement. A web address may be included and will not be counted as part of the 25 word statement. Your description may be included in the local Campaign brochures.

Previous Applicants:

If no statement is printed below, please provide a new description. Modifications to the printed statement may be made by lining out information and writing in the desired wording in the space below or attach a separate sheet.

G. CONDITIONS FOR APPROVAL**We certify under penalty of perjury:**

- 1) *That we are currently a charitable organization qualified as "exempt" under section 23701d of the California Revenue and Taxation Code and paragraph (3) of subsection (c) of Section 501 of the Internal Revenue Code of 1954; and*
- 2) *That we are in compliance with the provisions of the California Fair Employment and Housing Act, Part 2.8 (commencing with Government Code section 12900; please visit <http://www.loginfo.ca.gov/cgi-bin/displaycode?section=gov&group=12001-13000&file=12900-12906> for more information).*

PLEASE RETURN THIS APPLICATION TO «PCFD NAME».

Please be sure that this application includes required documentation for a name change or "doing business as" statement. This will avoid any unnecessary delays in processing the application.

Original Signature of Executive Officer or Authorized Officer
(blue ink preferred)

Date

Type or Print Name of Executive Officer or Authorized Officer

Title

¹ The VCGCB will edit any statement that uses special fonts or exceeds 25 words.